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## \*BIBDATASHEET\*

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10/010,150	11/16/2001 RULE	606	3732	8491.0009

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/827,503 04/06/2001 PAT 6,432,112 *yes*  
which is a CON of 09/746,853 12/21/2000 PAT 6,692,485  
which is a DIV of 09/375,666 08/17/1999 PAT 6,197,017  
which is a CON of 09/028,550 02/24/1998 ABN  
This application 10/010,150  
is a CIP of 09/783,637 02/14/2001  
which is a CON of PCT/US00/12553 05/09/2000  
which claims benefit of 60/133,407 05/10/1999  
This application 10/010,150  
is a CIP of PCT/US01/11376 04/06/2001  
and is a CIP of 09/827,643 04/06/2001 PAT 6,554,844  
which claims benefit of 60/257,869 12/21/2000  
and claims benefit of 60/195,264 04/07/2000  
and is a CIP of PCT/US00/12553 05/09/2000  
and claims benefit of 60/293,346 05/24/2001  
and claims benefit of 60/279,087 03/27/2001  
and claims benefit of 60/313,496 08/21/2001  
and claims benefit of 60/313,497 08/21/2001  
and claims benefit of 60/313,495 08/21/2001  
and claims benefit of 60/269,203 02/15/2001  
and claims benefit of 60/269,200 02/15/2001  
and claims benefit of 60/276,151 03/15/2001  
and claims benefit of 60/276,217 03/15/2001  
and claims benefit of 60/276,086 03/15/2001  
and claims benefit of 60/276,152 03/15/2001  
and claims benefit of 60/257,816 12/21/2000  
and claims benefit of 60/257,868 12/21/2000  
and claims benefit of 60/257,867 12/21/2000  
This application 10/010,150  
claims benefit of 60/257,869 12/21/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\*  
\*\* 02/12/2002

Foreign Priority claimed

☐ yes ☒ no

35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>PAH</i> Initials		STATE OR COUNTRY MA	SHEETS DRAWING 23	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 8
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FILING FEE RECEIVED 1512	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		